NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____   Manager or Designee:_____

Work Area: _____   Primary Preceptor: _____

Hire Date: _____   Competency Date: Met _____   Not Met:_____

Reason for validation: □ Orientation   □ Re-validation   □ PI Follow-up   □ Other _____

Key: 1 = No knowledge/No experience   3 = Knowledge/Done with assistance   **Circle method used for validation:** D = Demonstration   DR = Documentation Review   V = Verbalization
2 = Knowledge/No experience   4 = Knowledge/Done independently   T = Test/Quiz   O = Other (specify)

Competency: Moderate Sedation – Manages care and seeks to prevent complications in the patient requiring moderate sedation.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	**Not Met***		
1. Identifies the different levels of sedation: Moderate, Deep, and General Anesthesia.	1	2	3	4	D, V			Unit Orientation	
2. Assembles required resuscitation and monitoring equipment.	1	2	3	4	D, V			MAS: Administration of Sedation (M92-9)	
3. Obtains baseline vital signs and neuro status.	1	2	3	4	DR				
4. Document patient assessment per moderate sedation flow sheet, through post procedure.	1	2	3	4	DR			Clinical Center Pharmacy Formulary	
5. Describes dose, action, duration, and side effects of medication being used.	1	2	3	4	V			Experience with preceptor	
6. Anticipates potential complications of moderate sedation.	1	2	3	4	D, V				
7. Demonstrates ability to manage emergencies during procedure requiring moderate sedation.	1	2	3	4	D				
8. Documents post sedation score and discharge criteria.	1	2	3	4	D, V				

1/2004   *If competency is initialed as 'NOT MET', CNS/Educator or designee must be contacted for follow-up. See reverse side for action plan.

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

"Hands on" practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

☐   Competency Met
☐   Competency Not Met

Next Step:_____

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